PATENT APPLICATION FEE DETERMINATION RECORD

` Effective October 1, 2003

Application or Docket Number
10/726648
D-0502

		LifeC	TIVE OCIO		# 0395								
			S FILED - PART I (Column 1)		(Column 2)		SMALL EN		ITITY	TITY OR		OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	<u> </u>	32				RAT	E	FEE	1	RATE	FEE	
F	OR		NUMBER FILED .		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	32 mi	nus 20=	• 12	• 12)=		OR	X\$18=	216	
INI	DEPENDENT C	LAIMS	minus 3 = * /				X43	=		OR	X86=	86	
М	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+145	;_		1	+290=	,	
* If the difference in column 1 is less				ss than zero, enter "0" in column 2				_		OR OR	TOTAL	10.72	
CLAIMS AS AMENDED - PART II							TOTA	" I		JON	OTHER	-	
_	(Column 1) (Column 2)						SMA	LL E	NTITY	OR	SMALL		
AMENDMENT A	9-17-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	Ę	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	.36	Minus	 32	<u> </u>	= 4	X\$ 9	=		OR	X318≡	200,0	
AME	Independent	* 5	Minus	4		=	X43:	-		OR	7.00	200	
	FINOT PRESE	NTATION OF MI	JUIPLE DE	PENDENT	CLAIM		+145		· · · · · ·	OR	+290=	,	
		TOT	AL			TOTAL	400,0						
ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FE												3/33/	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	*	Minus	**		=	X\$ 9:			OR	X\$18=		
AM	Independent FIRST PRESE	* NTATION OF MU	Minus	FNDFNT	CLAIM	[=	X43=			OR	X86=		
				ENDEN		<u> </u>	+145:	= _		OR	+290=	·	
								AL EE		OR ,	TOTAL ADDIT. FEE		
_		(Column 1)		(Colum		(Column 3)	,					l	
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE	. T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	*	Minus	**		=	X\$ 9=	Т		OR	X\$18=		
AME	Independent	*	Minus	***	01.411.5	-	X43=	+		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 143=											+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter "20". ** TOTAL OR TOTAL													
	t the "Highest Nui	mber Pr viously Pa ber Previously Paid	id For IN THI	S SPACE is	less than	n 3 enter "3 "	ADDI1. 1 L			~	ODIT. FEE L IMN 1.		